SUBMIT: <u>COMPLETED</u> APPLICATION, TAX
STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart. PO Box 58 (715) 373-6138 Washburn, WI 54891

APPLICATION FOR PERMIT Date Start Received JUN 2 5 2012

Permit #:

Date:

Amount Paid:

\$ 3.5.4 @ 5.6.1

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6125

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(A)

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Bayfield Co. Zoning Dept. Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. TYPE OF PERMIT REQUESTED → W LAND USE Authorized Agent: 上路り Rond KAthy PROJECT LOCATION Crry Person Signi SAL Š Legal Description: (Use Tax Statement) KRYMOND Application on behalf of Owner(s)) AVENUE L Gov't Lot N, Range Calple Lot(s) SANITARY Contractor Phone: \$585874 Agent Phone: PIN: (23 digits) Mailing Address 995 107 th ٤ □ PRIVY 143071830017829000 L43071830017829000 Town of: HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp) Plumber: 995 107th Ave Roberts WIS423 AUT Agent Mailing Address (include City/State/Zip): CONDITIONAL USE AVE L É City/State/Zip: Roberts WIS4023 SPECIAL USE B.O.A. OTHER Telephone: Subdivision: Volume 1076 nent: (i.e. Property Cell Phone: Addition Plumber Phone: Written Authorization Acreage Page(s) 635 160 No. Ownership)

Mon-Shoreland		☐ Is Property/Land within 300 feet of River, Stream (and. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶ Distance Structure is from Shoreline:	Section 18, Township 42 N, Range T W
	Distance Structure is from Shoreline :	ce Structure is from Shoreline :	
	No See	in one?	1,16
	X No	Are Wetlands Present?	

of Completion Value at Time donated time & 5,000. E Addition/Alteration (What are you Relocate (exi Property Run a Business on **New Construction** Project ng for) and/or basement # of Stories Foundation No Basement Basement 2-Story 1-Story + Loft -Story Year Round Use bedrooms None w **9.** # Sanitary (Exists) Specify Type:

Privy (Pit) or | Vaulted (min 200 gallon)

Portable (w/service contract) None (New) Sanitary Municipal/City Compost Toilet Sewer/Sanitary System Is on the property? What Type of Specify Type Xwell Water City

	Proposed Construction:	EXISTING OUR CONTROL OF THE PROPERTY OF THE PR	Length:	
		ا بر / Width:	38. Width:	
Square		Height: /o	O Height: /7	

Dimensions Lo x x X X Dimensions

Owner(s): (If there are Mu in the Carming of letter(s) of authorization must FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES ing any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) curacy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which go this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the interest of the purpose of inspection. accompany this application) 12.

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Hollywood

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WARD

ently purchased the property send your Recorde rded Deed

Addings to send neymit

Please complete (1) -- (7) above (prior to continuing)

(8)

Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

			Feet	ج آ	Setback to Privy (Portable, Composting)
			Feet	S)	Setback to Drain Field
Feet	S	Setback to Well	Feet	<i>₹</i>	Setback to Septic Tank or Holding Tank
	,				
Feet	22	Elevation of Floodplain	Feet	76.	Setback from the East Lot Line
Feet	104	Setback from 20% Slope Area	Feet	124	Setback from the West Lot Line
Feet	NA.	Setback from Wetland	Feet	28	Setback from the South Lot Line
			Feet	ر اردن ا	Setback from the North Lot Line
Feet	TW.	Setback from the Bank or Bluff			
Feet	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Setback from the River, Stream, Creek	Feet	عاوا	Setback from the Established Right-of-Way
Feet	NA	Setback from the Lake (ordinary high-water mark)	Feet	4	Setback from the Centerline of Platted Road
ement	Measuremen	Description	emeni	tuamannsealar	Description

Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DE), Holding Tank (HT), Privy (P), and Well (W),

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Hold For Sanitary: Hold For TBA:	Signature of inspector: IMMEMRA Tunkaria	Condition(s):Town, Committee or Board Conditions Attached? □ Yes □ No −(If No they need to be attached.) My	Date of Inspection: $6-28-12$ Inspected by: 1111	Inspection Record Methallsthacks	Was Parcel Legally Created	Granted by Variance (B.O.A.) ☐ Yes '< No ☐ Case #:	Is Parcel a Sub-Standard Lot ZYes (Deed of Record) □ No Is Parcel in Common Ownership ZYes (Fused/Contiguous Lot(s)) □ No Is Structure Non-Conforming □ Yes Z(No	Permit #: 12 - (2019 Permit Date: 7 - 3	Permit Denied (Date): Reason for Denial:	Issuance Information (County Use Only) Sanitary Number:
idavít: 🗆 Hold For Fees: 🗎		<u>No</u> they need to be attached.)	1. Fautale		Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.) □ Yes 対 No Cas	Mitigation Required ロYes XNo Mitigation Attached ロYes 大No	1-3-10		# of bedrooms:
	Date of Approval:		Date of Re-Inspection:	Zoning District (\mathcal{R}^{-1}) Lakes Classification ($\mathcal{M}A$)	Yes □ □ No	Case #:	Affidavit Required 口 Yes 文No Affidavit Attached 口 Yes 文字No			Sanitary Date: